

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116490

FILED
Apr 06, 2009
Secretary of State

Entity Name: TRADEWRITE, LLC

Current Principal Place of Business:

1586 JEANNIN DRIVE
NORTH PORT, FL 34288 US

New Principal Place of Business:

Current Mailing Address:

1586 JEANNIN DRIVE
NORTH PORT, FL 34288 US

New Mailing Address:

99 NESBIT STREET
C/O DAVID A. HOLMES, ESQ.
PUNTA GORDA, FL 33950 US

FEI Number: 26-3938877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYS, JUSTIN L
1586 JEANNIN DRIVE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID A. HOLMES

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, TIMOTHY C
Address: 1586 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGRM (X) Delete
Name: KING, KEITH M
Address: 1586 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGRM (X) Delete
Name: MAYS, JUSTIN L
Address: 1586 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGRM (X) Delete
Name: KING, AUDREY R
Address: 1586 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KING, TIMOTHY C
Address: 1586 JEANNIN DRIVE
City-St-Zip: NORTH PORT, FL 34288 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY C. KING

MGR

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date